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☐ PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	<u> </u>
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Se Division of Corp			
SUBJECT: Va	rga6 Chall Name of Limi	Line Snafted Liability Company	oper IIC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Rada	A Milicevi Rame of Person Essential Bu	c siness Solution
	4924 Adde	Firm/Company ON AUP Address	
	North Por Rack or	City/State and Zip Code C—EBS. COM o be used for future annual report notification	<u>N</u>
For further information co	oncerning this matter, please ca	d1:	
Rade Name of	A. Miliceur		1200 lephone Number
Enclosed is a check for th	c following amount:		; ;
0\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Variable Companies of the Limited Liability Companies (A Florida Limited Liability Companies)	in as it now appears on out refords.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number	コカノカハコ
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "L.L.C." or the abbreviation "L.L.C." 2593 DE-VOLE 57. North Part +1 34291
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: Same New Registered Office Address:	Enter Florida street address
	. Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member		
Title Name MORM Rocio Voribo Grapo		Type of Action
MGRM Rocio Vargas Grayasia	North Port FZ 3429	Remove
MARM Corlos A. Vorgas	2593 De-Vore St.	_ □Change _XAdd
	North 787 72 34291	□Remove
		_ □Change
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(If an effective date is li Note: If the date in		cific and cannot be prior to es not meet the applicab		(optional) days after filing.) Pursuant to 6 nents, this date will not be li	
he record specifies a ord is filed.	delayed effective date, l	but not an effective time	e, at 12:01 a.m. on the earl	ier of: (b) The 90th day af	ter the
Dated Me	oy 16	2024	/		
	or/05 Von Signatu	re of a member or authoriz	ed representative of a memb	ст	
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